STAYS
OPEN
Keep The
for

Les appellations utilisées et les textes présentés dans POPULI n'impliquent aucune prise de position de la part du Fonds des Nations Unies pour la population quant au statut juridique ou au gouvernement des pays, territoires, villes ou régions, ni quant au tracé de leurs frontières ou limites. Les opinions exprimées sont celles des auteurs et ne reflètent pas nécessairement le point de vue ou les principes du Fonds.

FNUAP

Fonds des Nations Unies pour la population

UNFPA

United Nations Population Fund

The designations employed and the presentation of material in POPULI do not imply the expression of any opinion whatsoever on the part of the United Nations Population Fund concerning the legal status or authority of any country, territory, city or area or the determination of its frontiers or boundaries. Views expressed are the authors' own and do not necessarily reflect the opinions or policy of the Fund.

Las designaciones utilizadas y el material presentado en POPULI no entrañan la expresión de ningún tipo de opinión por parte del Fondo de Población de las Naciones Unidas con respecto a la situación o los derechos jurídicos de ningún país, territorio, ciudad o zona, y tampoco con respecto a la determinación de sus límites o fronteras. Las opiniones expresadas son las de los respectivos autores y no necesariamente reflejan las opiniones o las políticas del Fondo.

FNUAP

Fondo de Población de las Naciones Unidas

POPULI

Vol. 21, No. 2 The UNFPA Magazine February 1994

United Nations Population Fund (UNFPA)
220 East 42nd Street
New York, NY 10017, USA.
Fax: (212) 557-6416

Editor-in-Chief
Stirling Scruggs
Editor
Abid Aslam
Contributing Editors
Alex Marshall
Hugh O'Haire
Production
Pauline Spinelli-Brandt
Administration
Mirey Chaljub
Distribution
Tess Joaquin-Serrao

Availability: POPULI is available free of charge in English, French, and Spanish. Copies may be obtained from your local UNFPA office or United Nations Information Centre, or from UNFPA headquarters in New York. Notices of change of address or discontinuation of subscription should be addressed to the source from which you receive POPULI, and should include your magazine mailing label.
Editorial Correspondence: We welcome your views. Please address letters to the editor.
Manuscripts: We welcome short news items on population activities. For feature articles, please submit a query letter of about 500 words, describing the proposed article and indicating whether photographs are available. Manuscripts should be typed and double-spaced, and should include an author's biographical note of less than 50 words. Not responsible for returning unsolicited manuscripts unless accompanied by a self-addressed envelope. Manuscripts will be acknowledged only if accepted for publication.
Reproduction: Material from POPULI may be freely reproduced so long as credit is given and tear sheets are provided to the editor.

Cover: Meg Handler/USA

CONTENT

FEATURES

Demanding Choice **7**
by Leslie George
Scientific and medical organizations in the United States are joining women's and reproductive rights groups in demanding access to RU-486, the "French abortion pill." US clinical trials should have been under way by now. Instead, they are caught in a tug-of-war between pro- and anti-choice groups and the drug's manufacturers. Meanwhile, researchers in the US are trying to come up with their own versions of the abortifacient pill.

VIEWPOINTS

Choice or control? **11**
Medical ethicist **Ruth Macklin** measures population programmes by three ethical yardsticks: the principles of beneficence, respect for persons, and justice. Do programmes treat people instrumentally, as means to a desired end, by using targets, quotas, and incentives? In the process, do they ignore the broader value of health in pursuit of demographic goals? How do we know when an individual's response to incentives is truly voluntary, not coerced? If laws assert the right of individuals and couples to decide "freely and responsibly" the number of their children, can we take it for granted that the right exists in reality? What are "free" and "responsible" reproductive decisions, anyway?

DEPARTMENTS

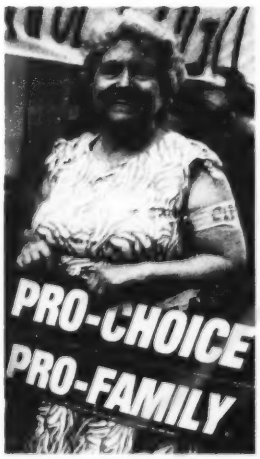
News **4**
The Delhi Declaration—raising literacy to lower fertility; The hunger watch—at least 20 countries face potentially serious food shortages this year amid a "massive slowdown" in the growth of food production and regional conflicts.

In Brief **2**

Resources **15**
Literacy and fertility; findings from 20 years of family planning research; management courses; conference newsletter.

Notebook **16**

Literacy *Page 4*



Demands *Page 7*

READEX
FICHE

Abortion boom

There were 500 more abortions for every thousand live births in Bulgaria in 1992 than in the previous year, according to statistics released in December by the National Health Prophylaxis Centre and reported by the Bulgarian Telegraph Agency. Some 1,443 abortions were performed for every thousand live births in 1992, up from 943 in 1991. The total number of abortions performed in 1992 is an official 138,705. The Centre "says that there are 2,169,000 Bulgarian women of childbearing age, but the number of those willing to have a baby is decreasing," according to the official news agency.

In neighbouring Romania, most people polled by the non-governmental Society for Sexual and Contraceptive Education (SECS) said they regard abortion as the safest protection against unwanted pregnancy. Some 62 per cent of those asked said they were against banning abortion, legalized by President Ion Iliescu in 1989. By contrast, only 20 per cent were aware that oral contraceptives and condoms are effective in preventing unwanted pregnancies.

Close Race?

Economic growth in the Caribbean country of Sao Tome and Principe has begun to outpace population growth for the first time in a decade, according to Prime Minister Norberto Costa Alegre. Presenting the government's 1994 budget to parliament, he said the economy would grow by 2.5 per cent this year, compared to 1.7 per cent last year, helped by rising prices for its cocoa exports. By contrast, the country's population of some 120,000 is growing at an annual rate of 1.5 per cent. The gain is expected to be consumed by external debt payments, however, Reuters reports.

To Our Readers —

The staff of POPULI wish to express our gratitude for your greeting cards and messages of encouragement. We hope you will continue to enjoy reading POPULI, and we look forward to your continued support and participation.

Best wishes for all good things in 1994!

Obscurity to Officialdom

The Women of Russia party defied all predictions for December's parliamentary elections, finishing fifth among 13 parties, according to press reports from Moscow. Party leader Alevtina Fedulova told journalists her party wants to improve living standards for ordinary people and bring women into political life, particularly into President Boris Yeltsin's cabinet. The party was formed after a coalition of women's groups sent a questionnaire on women's issues to 27 political parties; only three responded. The party's members include women from all walks of life and various ideological camps. Its electoral success is attributed to what the government's Western advisors call the "shock therapy" approach to economic liberalization. The highest voltages have been inflicted on women: According to official figures, they make up 70 per cent of unemployed Russians; their representation in official positions fell to 5.6 per cent before the elections, down from Soviet times, when women held 30-40 per cent of public office positions; and their pay fell to 40 per cent of what men earn, down from 70 per cent under the Soviets.

Ovarian Cancer Risk

Women who have been surgically sterilized may be two-thirds less likely than other women to develop ovarian cancer, according to the findings of a 12-year study of 78,000 pre-menopausal women in the United States. The findings, published in December in the *Journal of the American Medical Association*, apply primarily to women who have had tubal sterilizations, in which the fallopian tubes are surgically tied, cauterized, clipped, or otherwise closed to prevent pregnancy. Hysterectomies, in which the womb is removed, may also reduce the risk of ovarian cancer, but probably to a "statistically insignificant" extent. The researchers do not know why tubal sterilizations and hysterectomies may reduce the risk of ovarian cancer; perhaps because they reduce the blood supply to the ovaries, or induce hormonal changes. This is how contraceptive pills reduce the risk of ovarian cancer when used in the long run. Ovarian cancer is a leading cause of cancer death among American women. Other leading causes include breast, colon, and lung cancer.

Just a Game

The end of January brings Superbowl Sunday, the final match of the American football season. By some estimates, the annual match is played before close to a billion television viewers worldwide, most of them men. It is also one of the worst days of the year for domestic violence, according to anecdotal reports in the press and from women's shelters. Last year, the non-governmental organization Fairness and Accuracy in

Reporting (FAIR) produced a public service announcement (PSA) aired during the Superbowl broadcast. The short film showed a man jailed for wife-beating and reminded viewers that "domestic violence is a crime." According to official statistics, a woman is beaten every 15-18 seconds in the United States. Every year, an officially reported 1.13 million beatings are severe enough for the woman to seek medical treatment. According to Steven Rendall, senior analyst at FAIR, the group decided to produce the film to fill a void in the issues covered by existing PSAs. "The PSA didn't actually say anything about football," he says. But FAIR chose the Superbowl broadcast because "there's a lot of men watching this, and men are largely the problem" where domestic violence is concerned. Other occasions on which domestic violence is believed to peak include Christmas, New Year, Thanksgiving Day, and large family get-togethers. On such occasions, says Rendall, there tends to be "lots of drinking." On Superbowl Sunday, however, there is also gambling and the "adrenalin-infusing quality of a major sporting event."

ICPD Update

The latest on the lead-up to the International Conference on Population and Development, 5-13 September 1994, Cairo, Egypt.

Coming Up: Draft Final Document

The draft ICPD programme of action should be available in all UN languages late this month or early next month, according to *ICPD 94*, the official Conference newsletter. The document is to be negotiated at the third meeting of the Conference Preparatory Committee (PrepCom III) in New York in April, and signed at Cairo. The ICPD Secretariat plans to make advance copies of the draft available to participants preparing for PrepCom III, and to hold informal consultations with official delegations, according to the newsletter.

NGOs: Keeping Track

The NGO (non-governmental organization) Planning Committee is asking NGOs who have received ICPD accreditation to let the Committee know if they intend to attend PrepCom III or the Cairo Conference. In addition, NGOs that are not on the Committee's mailing list to receive the newsletter *NGO Forum '94 News* and that have not received forms to register their events planned for PrepCom III and Cairo should contact the Committee at: NGO Planning Committee for the ICPD, 777 UN Plaza, 8th floor, New York, NY 10017, USA. Telephone: (212) 545-7344. Fax: (212) 545-7581.

Upcoming Events

- 14-16 February, Washington, D.C., USA: Round-table meeting on Population and Food in the Early 21st Century: Meeting Future Food Needs of an Increasing World Population.

- 4-22 April, UN Headquarters, New York: Third meeting of the Preparatory Committee for the International Conference on Population and Development 1994.

- 3-4 September, Cairo, Egypt: Pre-Conference consultations.

Delhi Declaration

All for education

The governments of nine countries which are home to half the world's population and seven in ten adult illiterates have reaffirmed their commitment to wipe out illiteracy among their citizens "by the year 2000 or at the earliest possible moment."

The governments—of China, India, Indonesia, Nigeria, Brazil, Pakistan, Bangladesh, Mexico, and Egypt—signed a declaration at the end of a 12-16 December "Education For All" summit in the Indian capital, New Delhi. The summit was organized by the United Nations Children's Fund (UNICEF), the UN Educational, Scientific and Cultural Organization (UNESCO), and UNFPA.

The goal of universal literacy was placed on the international development agenda in 1990, at a UNESCO conference. Now, the nine governments are hoping not only for increased literacy rates, but for lower fertility rates and higher economic growth rates as a result.

UNICEF/Seen Sprague

Room for more?

By signing the four-page declaration, the governments promise to "rally all sectors of our society towards education for all," giving it "highest priority at national and other levels, ensuring that a growing share of national and community resources is dedicated to basic education, and improving the management of existing resources for education."

UNESCO estimates that some 70 million children in the nine countries are excluded from primary schooling. If current trends continue, this number could jump to 83 million by the turn of the century.

While each government is setting its own targets, all nine are committed to reversing years of discrimination against women. Despite progress in recent years, literacy programmes continue to favour men. Two-thirds of the world's 948 million illiterate adults are women, according to UNESCO. Seventy per cent of the 130 million children worldwide who are not in school are girls.

"Research findings strongly confirm that educating women delivers the highest return of any development investment," according to a UNFPA report prepared for the summit.

The benefits of investing in female primary education include higher economic productivity and life expectancy, and lower fertility and infant and maternal mortality, according to the report. In Brazil, women with secondary schooling have an average of 2.5 children, compared to 6.5 children for illiterate mothers. Each extra year of schooling for girls is found to reduce child mortality by 5-10 per cent. In India, literate mothers with less than six years schooling have an average infant mortality rate of about 100 per thousand live births, compared to 170 infant deaths per thousand live births among illiterate mothers.

Educated women earn more. Studies in India show that women who complete high school are able to earn one and a half times more than those without schooling. Research shows that each extra year a girl spends in school means a 10-20 per cent increase in wages, according to the UNFPA report.

In some places, cultural and religious norms make it unacceptable for girls to travel far from home to go to school, to attend co-educational schools, or to be taught by male teachers. The UNFPA report recommends locating schools closer to homes; staffing them with more female

Economics, Education, and Fertility:

Country	Population (thousands)	Total Fertility Rate (children/ woman)	Per Capita GNP (US$)	Literacy Rate (%)	Net Primary School Enrolment (%)	Children Reaching Fourth Year of Primary School (%)
Bangladesh	119,288	4.7	200	35	63	52
Brazil	154,113	2.8	2,680	81	88	47
China	1,187,997	2.2	370	73	99	86
Egypt	54,842	4.1	600	48	91	99
India	879,548	3.9	350	52	66	61
Indonesia	191,170	3.1	560	77	97	89
Mexico	88,153	3.2	2,490	87	98	81
Nigeria	115,664	6.4	270	51	59	67
Pakistan	124,773	6.2	380	35	29	59

Sources: Population, fertility figures from United Nations, DESIPA, Population Division, *World Population 1992*, New York, 1992, *World Population Prospects: The 1992 Revision*, New York, 1993; other figures from UNESCO/UNICEF, based on national reports.

teachers; providing population education; and reducing tuition, uniform, and transportation costs for girls.

Education for all?

Mexico, Brazil, Indonesia, and China have seen adult literacy rates rise in the past decade to 70 per cent and above. The same countries already have 85 per cent or more of the children of primary school age enrolled. In Brazil, however, only 47 per cent of the children who enrol in primary school complete their first three years.

India has raised its adult literacy rate to more than 50 per cent, according to UNICEF, which adds that in Bangladesh, the percentage of girls of primary school age enrolled at school has risen in the past decade from 45 to 64. The Bangladesh Rural Advancement Committee, the largest non-governmental organization, has won international renown as a pioneer in out-of-hours education for children who work or cannot attend regular school.

Experts say the two countries that arouse the greatest concern are Pakistan and Nigeria, where political turmoil and financial pressures have left education programmes underfunded and demoralized. Fewer than three in 10 Pakistani children are enrolled in primary school, according to summit documents. For Pakistani girls, the proportion is smaller than two in 10.

By some estimates, living up to their promise of providing "a place for every child in a school or appropriate education programme" could cost the nine governments an additional US$ 4-5 billion or, according to the Stockholm International Peace Research Institute, the equivalent of 20 medium-size non-nuclear submarines. All nine countries have increased their education budgets in the past three years, though in some the gains have been limited by subsequent cuts and inflation.

Since much of the new money will have to come from the international community, the declaration urges donors to "raise substantially their support for our efforts to expand our national capacities for improving basic education services."

The declaration also calls on the international institutions which enact and enforce structural adjustment to "recognize education as a critical investment without imposing predetermined ceilings on such investments, to promote an international environment to enable countries to sustain their socio-economic development."

The most important determinant of success is not money but "long-term political commitment," says Fay Chung, UNICEF's chief education officer and a former education minister of Zimbabwe. Political instability, she says, does more harm than insufficient funding.

FAO/F. Botts

Growing more, eating less.

No daily bread...

Millions of people in the North and South are at risk of starving or becoming malnourished this year, according to the U.N. Food and Agriculture Organization (FAO). The agency predicts potentially serious food shortages in at least 20 countries.

World production of cereals, the staple in most countries, fell by four per cent in 1993, contributing to regional shortages and higher prices on world markets.

FAO is calling for increased food aid to Africa. Kenya, Ethiopia, Eritrea, and Sudan suffered reductions in their main season harvests for 1993, and food stocks are already dangerously low.

Fighting has forced farmers off their land in Angola, Burundi, Liberia, Mozambique, Rwanda, and Sierra Leone, placing harvests in further jeopardy.

Fighting is also causing starvation in Europe, most notably in Bosnia-Hercegovina, FAO says. In the Caucasus, nearly one million people are expected to need emergency food aid to prevent starvation largely caused by fighting in Armenia, Azerbaijan, and Georgia.

Afghanistan and Tajikistan, both ravaged by ongoing civil conflict and large refugee populations, also face a difficult year, according to the agency. In Iraq, "grave food shortages persist and the nutritional status of the population is deteriorating."

The drop in cereal production—to an estimated 1.88 billion tons—will result in a reduction of world stocks of wheat, maize and other grains, according to FAO. Overall grain reserves should stand at 17-18 per cent of total annual consumption. To avoid a further depletion in global reserves, however, the world needs a minimum increase of about 65 million tons, or three per cent of total production, in 1994.

...or butter, for that matter

The world is experiencing a "massive slowdown" in the growth of food production in general, according to the latest report from the US-based Worldwatch Institute. "Growth in output of oceanic fisheries has come to a halt and that of land-based food systems has fallen behind population growth," according to a Worldwatch statement.

"The natural constraints can be seen most clearly in oceanic fisheries, where growth in the fish catch came to a halt in 1989, after multiplying more than four fold since 1950. United Nations estimates indicate that all 17 of the world's major fishing areas have either reached or exceeded their natural limits and that nine are in decline," says Lester Brown, Worldwatch president and principal author of the report. "The resulting drop in the per capita seafood catch, an estimated nine per cent from 1989 to 1993, will continue as population grows, driving seafood prices ever higher."

More food is being produced, but there is less to go around. Asia produces more rice every year, according to the report, but production has fallen below consumption in each of the last three years, drawing down stocks. Last year, the world price doubled between late August and early November. "The question now," says Brown, "is whether Asia's rice farmers can expand production enough in 1994 to get ahead of population, and thus rebuild depleted stocks and lower prices, or whether high rice prices will become chronic."

According to Worldwatch, "the bottom line...is that the world's farmers can no longer be counted on to feed the projected additions to our numbers. Achieving a humane balance between food and people now depends more on family planners than on farmers."

For more information on the report, *State of the World 1994*, contact: Worldwatch Institute, 1776 Massachusetts Ave., N.W., Washington, D.C. 20036-1904, USA. Telephone: (202) 452-1999.

Meg Handler

New York City, 1992: Demanding RU-486 of then-candidate Bill Clinton.

THE TRIALS OF RU-486

Demanding Choice

by Leslie George

When Paula walked up to a clinic in New York for an abortion last spring, she was stunned to see police barricades and crowds of people. As anti-choice demonstrators waved their placards and chanted, a pro-choice activist wrapped an arm around her and ushered her into the clinic, sheltered by a row of activists who also supported her right to be there.

Paula, 34, already shaken by the thought of the surgical procedure ahead, says she was trembling and could barely walk. She says that if she could have chosen between that experience and terminating her pregnancy by taking a pill in the relative privacy of her gynaecologist's office, she would certainly have opted for the pill.

In Britain, France, and Sweden, women have that choice. The drug RU-486, a synthetic steroid often referred to as the "French abortion pill," has been available in France since 1988. But women in the United States, where an estimated 1.6 million abortions are performed each year, still have no access to it.

They are getting impatient. Demand for the pill was a plank in women's groups' platform of campaign lobbying of then-candidate Bill Clinton. Women's and reproductive rights groups were joined by several organizations struggling to get the drug, which may also be useful in fighting breast cancer and brain or uterine fibroid tumours. Scientific and medical organizations including the American Association for the Advancement of Science and the generally conservative American Medical Association have endorsed the drug. The non-governmental Feminist Majority Foundation has collected more than 3,000 petitions from scientists in support of the pill, and is pressing its manufacturers to introduce it in the US.

There is more at stake than American women's right to choose

Leslie George is a correspondent for Women's Feature Service.

RU-486. Analysts say registration in the US will hasten the drug's introduction in other countries where abortion is legal. This could be an important gateway to developing countries, where unsafe abortion is a major public health risk to women.

Soon after taking office in January 1993, President Clinton asked Health Secretary Donna Shalala to review a US Food and Drug Administration (FDA) ban against the drug imposed by the Bush Administration at the urging of anti-abortion groups.

In April 1993, Commissioner of Food and Drugs David Kessler announced that the French pharmaceutical company Roussel-Uclaf, the pill's manufacturer, had agreed to license the New York-based Population Council to test and find a US manufacturer and distributor for the drug. Etienne-Emile Beaulieu, who developed RU-486 while at Roussel-Uclaf, announced he had reached a "preliminary agreement" with his former employer to make and distribute the pill once it received US government approval.

As POPULI goes to print, the company and the Council have yet to sign their contract. Sandra Waldman, the Council's public information manager, says she expects "positive movement" early this year. However, "I thought we would be doing the clinical trials by now." It could still take up to two years after the contract is signed before the drug is submitted to the FDA for approval.

Abortion foes aren't the only reason for the delay.

Many abortion rights advocates suspect the hold-up stems from fears held by Roussel-Uclaf and its parent company, the Germany-based Hoechst AG, about entering the US market, with its vocal and sometimes violent anti-choice lobby. Terry Randall, founder of the radical anti-abortion organization Operation Rescue, has been quoted as saying: "We would make life a living hell for any pharmacy manufacturer that produced this human pesticide."

Larry Lader, who heads the New York-based Abortion Rights Mobilization and has written a book on RU-486, points out that one in three private hospital beds in the US are in Catholic hospitals. "Hoechst has an eight-billion-dollar business in the US," he says. "If these hospitals boycotted Hoechst, the company's pocketbook would suffer."

US abortion foes aren't the only reason for the delay. The drug's manufacturers are also said to be split on the issue. After FDA Commissioner Kessler announced Roussel-Uclaf's agreement with the Population Council, Hoechst appeared reluctant to let its subsidiary proceed, according to press reports at the time.

Hoechst chairperson and chief executive officer Wolfgang Hilger is described in the press as a devout Catholic and has been quoted as saying he is against "commercialization of a drug facilitating—and easing—abortion." RU-486 was originally developed by Roussel-Uclaf to fight cancer. The company decided to withdraw the drug from the French market in 1988 when it gained notoriety as the "abortion pill" and attracted the attention of anti-abortion demonstrators. But the French government ordered the company to return its drug to the market.

Not just swallowing a pill

In France, Britain, and Sweden, a reported 150,000 women have used RU-486, also called mifepristone, to induce a miscarriage within the first nine weeks of pregnancy. But the process is more complicated than simply swallowing a pill.

First, the woman must visit her doctor for a sonogram to determine how far along her pregnancy is. On her second visit, she takes the RU-486 pill, then returns to her doctor after 48 hours for a dose of prostaglandin, a hormone-like drug that stimulates uterine contractions and ensures the miscarriage, usually four to six hours later.

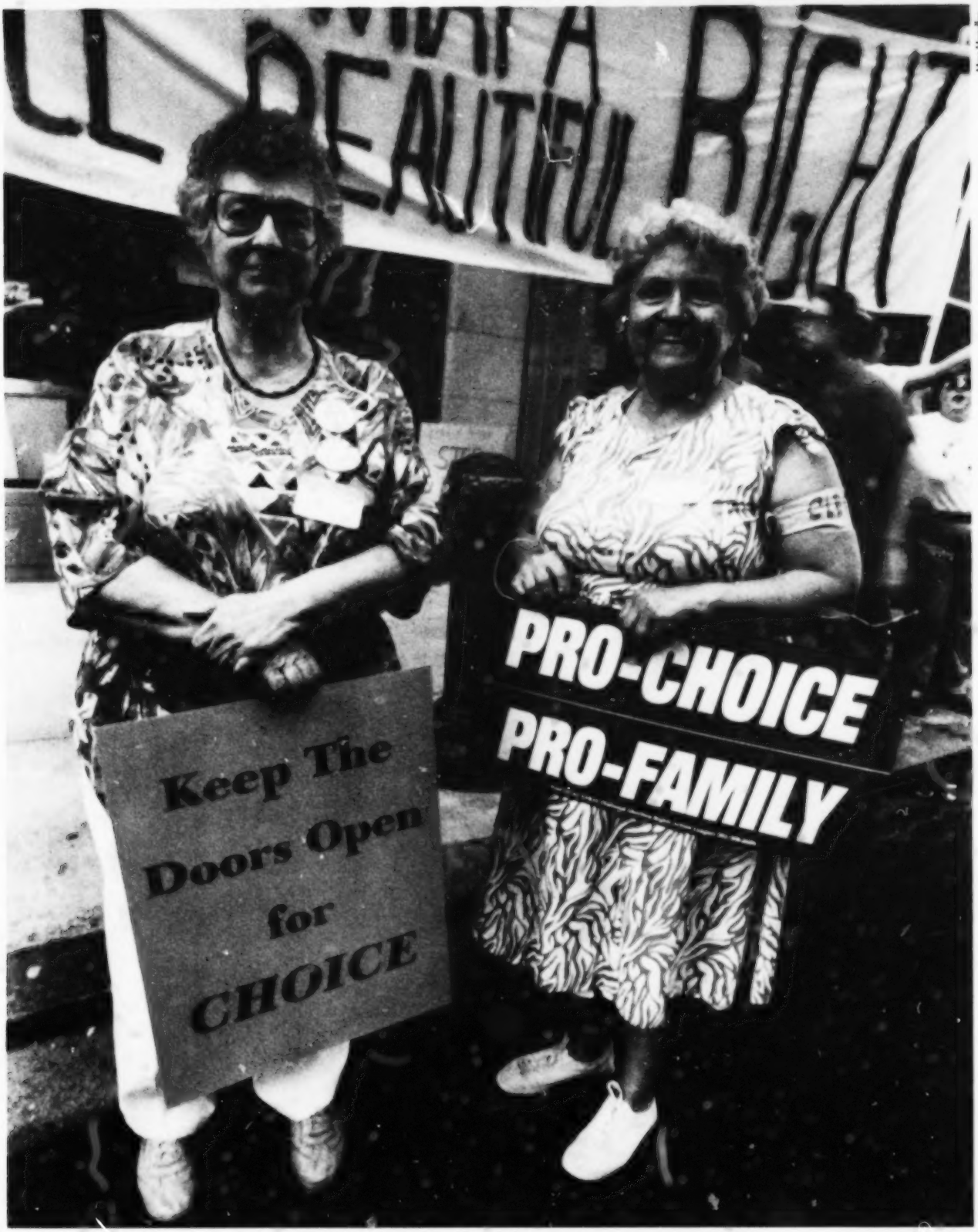
There is some cramping and bleeding, and in France many women choose to stay in a clinic or their physician's office until it's over. A fourth visit to the doctor is required to get a pelvic examination to make sure the abortion was complete.

Because the process is involved and requires follow-up medical care, and because excessive bleeding is a rare side effect of the drug, many experts do not embrace RU-486 as a panacea. Its clear advantage to abortion rights advocates, however, is that even most doctors who won't perform surgical abortions say they would offer the pill to their patients.

The American College of Obstetricians and Gynaecologists reports that while most of its members say they are pro-choice, few are willing to do vacuum aspirations, the most common method of abortion. By some estimates, 90 per cent of abortions in the US are performed by as few as four per cent of the country's obstetricians and gynaecologists. Buck Williams says he is the only doctor in the entire state of South Dakota who performs abortions regularly. He says many of his patients travel more than 450 miles for an abortion. He adds that he has been stalked by a man brandishing a gun and that his staff, family, and neighbours have been harassed.

If RU-486 were made available, "access problems for women would be largely eliminated," says Alexander C. Sanger, president of Planned Parenthood of New York City. "Anti-abortionists can't picket everyone in the American Medical Association. And it would free clinics like ours to devote more energy and staff to the prevention of pregnancy." Planned Parenthood clinics, which are affiliated to the International Planned Parenthood Federation through the Planned Parenthood Federation of America, offer contraceptive and abortion counselling and services.

While RU-486 lets women control the abortion process and is a clear advantage for those not up to crossing a picket line, its psychological impact is still unknown. "There are a lot of cultural factors involved," says Sanger. "When a woman uses RU-486, she



Meg Handler

Philadelphia, 1993: Keeping clinic doors open in the face of anti-choice demonstrations.

is awake, alert, and she feels and sees the abortion. Some women might prefer to be unconscious." Such factors will be included in the drug's US tests. Says the Population Council's Waldman: "We think it's important to know how women feel about the RU-486 experience compared with surgical abortion."

What's most important to abortion rights advocates, however, is that women have a choice.

In an attempt to goad the drug companies into action, Abortion Rights Mobilization has duplicated the drug and plans to use it for testing if the Roussel-Uclaf version is not made available for clinical trials soon, according to Lader. The group will not be able to distribute or sell the bootleg version without infringing upon Roussel-Uclaf's patent and violating its own status as a tax-exempt non-profit organization, however. Nevertheless, it has applied for permission to conduct tests under a little-used New York State law. Lader's group has also been trying to persuade the US government to seize Roussel-Uclaf's patent and turn it over to an American company. This has been done before, chiefly in wartime, when the government decided a company was unable or unwilling to make a drug the public needed.

Meanwhile, scientists at the University of California, San Francisco (UCSF) are studying methotrexate, a chemotherapy drug shown to induce abortion. Methotrexate is approved in the US for treating rheumatoid arthritis, the skin condition psoriasis, and cancer, including breast cancer and leukemia. It has long been used to terminate cancerous pregnancies.

In UCSF's initial study, methotrexate was combined with misoprostol, which is approved in the US for prevention of gastritis and ulcers in patients using aspirin-like drugs for arthritis. Ten women seeking abortions to end pregnancies of less than eight weeks were given the drugs. The combination proved effective for eight of them. No major side effects were reported, and the women miscarried at home, not at a clinic.

If it proves a viable alternative to RU-486, methotrexate would be much cheaper, according to UCSF's Mitchell Creinin, who authored the initial study. A dose of the cancer drug would cost less than US$4.00, he says. By some estimates, an RU-486 abortion costs more than US$200.00.

"You just can't hold back science," says David Grimes, chief of obstetrics and gynaecology at San Francisco General Hospital and a professor at UCSF. He says he's confident that even if RU-486 is not made available in the US, another abortifacient pill will be—eventually.

Meg Handler

Dobbs Ferry, 1993: Anti-choice activists are vowed to "make life a living hell" for anyone who produces an abortifacient pill.

Choice or control?

by Ruth Macklin

Population programmes can heed or entirely ignore ethical concerns. Their history shows that efforts to reach an ethically desirable goal can go astray by employing ethically impermissible means. The hope for the future is that ethically supportable means can be used in the service of the same goal—slowing population growth—by focusing on the reproductive health of women and couples rather than on meeting demographic targets.

Ethics has to do with the way human beings treat one another. Although different societies may adhere to different norms of behaviour, individual behaviour and social practices can be analyzed by seeing how they conform to certain general ethical principles. Whether those principles are universal, applying to all societies at all times in history, is a matter of ongoing debate. But without ethical principles to serve as ideals to strive for, there could be no basis for moral judgement nor could there be a concept of moral progress.

One leading ethical principle is "beneficence." According to this principle, social practices and policies are "right actions" if they tend to bring about a balance of good consequences over bad ones. If reducing population growth will have the likely outcome of lessening pollution of air and water, diminishing the rapid consumption of nonrenewable resources, ensuring adequate food supplies, and improving the quality of life of those who live in poverty, then surely these good consequences far outweigh the alternative scenario that would likely result if population growth continues at its present rate. Thus, limiting world population growth is not only ethically permissible but ethically obligatory. However, disagreement persists on the question of whether family planning programmes alone are sufficient measures or even the most effective means to achieve the desirable end of reducing world population growth. But that disagreement concerns matters of fact, or predictions of fact; it is not a dispute about the ethical value of curbing population growth.

Focusing on reproductive health rather than on targets would make future efforts to reduce population growth ethically superior to ongoing and past programmes.

Yet, to focus population programmes solely on reducing fertility rates is to ignore some consequences in favour of others. In practice, population policies and programmes have tended to ignore the broader value of health—in particular, women's health—in their use of targets, quotas, disincentives, incentives, and other means selected to achieve the desired end. To properly apply the principle of beneficence, we must take into account not only the consequences of reducing population growth, but also the additional beneficial consequence that could result from an alternative approach: A programme or policy that achieves an improvement in health at the same time that it leads to lowering fertility rates is ethically superior to a policy that focuses only on reaching target quotas.

If population programmes have been criticized for failing to take into account health consequences for women by focusing on demographic targets, they have also been criticized for total or partial violations of the ethical principle of "respect for persons."

Ruth Macklin, Ph.D. is a professor in the Department of Epidemiology and Social Medicine at Albert Einstein College of Medicine in New York. She is author or editor of seven books, including Mortal Choices (Houghton Mifflin, 1988) and Enemies of Patients (Oxford, 1993).

Stated in the most general form, respect for persons requires that human beings not be treated as mere means to serve the ends of others. It requires that people not be coerced by those having greater power or authority unless there is an imminent danger or threat of harm. Recognizing the dignity of persons means not treating them as mere instruments in the service of a goal, for example, success in meeting a quota for IUD (intrauterine device) insertions. In the medical or health care setting, respect for persons requires that physicians must inform the patient of what is to be done and get the patient's freely-granted permission to proceed, before they invade the patient's body—even for the patient's own good. Thus, the doctrine of informed consent rests on the fundamental ethical principle of respect for persons.

Almost all programmes that have sought to impose quotas have viewed women as "targets."

Respect for persons clearly prohibits sterilizing women, inserting IUDs or NORPLANT®, or administering other long-acting contraceptives without their knowledge and consent. Likewise, it is a violation of this principle simply to seek

their partners' authorization. Such behaviour treats women as a reproductive means to the end of population control by the state. Respect for persons recognizes the right of individuals to control their own reproductive lives. When an ethical concern is framed in the language of rights, it signals a human value of great importance, which may not readily be overridden. To recognize the rights of persons is to seek to protect them from interference by the state or by other powerful agencies or individuals.

However, identifying the reproductive rights of individuals and couples is only the first step in ensuring their recognition. National legislation—in Mexico, for example—asserts the right of each individual or couple to decide "freely and responsibly" on the number and spacing of their children. It would be a mistake, however, to assume that because this right is stated in the law, it exists in reality. Moreover, it is necessary to clarify what is meant by free and responsible reproductive decisions. Demographic goals have been set by the government in a number of countries having such laws, and the implementation of these goals is sometimes forced upon physicians as well as the women to whom they provide medical services.

Experience shows that it is easier to have a long-acting contraceptive inserted than to have it removed.

In some countries, doctors in training are instructed to insert an IUD in every woman who has delivered three children. Since many women might refuse the IUD if asked, some physicians insert the IUDs without informing them. In a number of instances, physicians have reported being told to insert IUDs in women or leave their hospital jobs. By this means, not only is the autonomy of women denied, but also the professional autonomy of physicians to recommend and perform procedures they judge to be in the best interest of their patients.

There are more subtle forms of coercion of women. In some countries, contraceptives are commonly dealt with at the time the woman is in labour. The justification offered is based on efficiency: To mount an educational programme would otherwise be too costly. One Mexican physician referred to this as a "Third World method of coercion: the practice is held to be justified on the grounds that there are not enough resources to carry out the programme in a more respectful way." Although efficiency is an economic value that cannot be ignored, neither should it be used to justify abandoning respect for persons.

Clearly, the respect for persons principle prohibits forcing a pregnant woman to have an abortion. However, it is not usually interpreted as condemning laws and policies that prohibit a woman from having an abortion. Although abortion remains a controversial topic, this ethical principle supports granting women the right to control their reproductive lives by allowing them access to safe, legal abortions. Respect for persons refers to all and only those human beings who are unquestionably and undeniably persons: children, women, and men who are already born. Although some religions hold that a human being is a person from the moment of conception, a far greater number of people and religious groups do not adhere to that view of when human life attains moral status. Respect for persons entails tolerance, prohibiting adherents of one religion from imposing their own religious beliefs on those who do not subscribe to their dictates.

It must be emphasized, however, that ethical objections to laws that prohibit abortion do not derive solely from the principle of respect for persons. An undeniable array of bad consequences results from the continued prohibition of legal, safe abortions in many countries. It is estimated that 100,000-200,000 of the annual deaths worldwide from pregnancy-related causes are due to improperly performed and usually illegal abortions. In countries where safe abortion is either not available or is legally restricted, illegal abortion is the only solution for women with unwanted pregnancies. Complications of these abortions include haemorrhage, infection, abdominal perforations, and secondary infertility.

In such countries, as reports from Latin America document, most abortions are performed in sordid and clandestine conditions. Physicians use medicines such as hormone injections to induce menses or unsafe curettage that can be harmful to women's health. These reports demonstrate that prohibition of legal abortion, which denies women the opportunity to obtain medically safe termination of pregnancy, results in negative health consequences of such severity and magnitude as to outweigh any conceivable good consequences that could flow from keeping such laws in force. The irony here is that laws prohibiting abortion are in direct conflict with the goal of reducing population growth embraced by many of these countries. The number of abortions performed is clear evidence that women seek to prevent the birth of unwanted children, regardless of legal prohibitions or opposition by their partners.

To state the principle of respect for persons and to identify the clear applications outlined above does not yet acknowledge a wide range of difficulties in applying it. Even if coercing women to become sterilized, to have unwanted abortions, or to not have abortions they want is wrong, what about providing disincentives or incentives for those actions? If couples are punished for having more children than the number mandated by the state, is that ethically wrong? The couple is not prevented from having the wanted children, but they may suffer penalties or be denied privileges for failing to comply. When family planning programmes give money or other material goods to women in poverty to undergo sterilization, is that a coercive offer? How can we determine when an individual's response to incentives or disincentives is truly voluntary and when it is coerced? If outright coercion of people is a violation of respect for persons, so too is any penalty or incentive that is the equivalent of coercion. If an amount of money offered to a poor peasant woman

is an offer she cannot refuse, it is tantamount to coercion.

Nevertheless, an offer of a reversible long-acting contraceptive might be ethically acceptable because it is a less restrictive alternative. According to this view, incentives are ethically permissible if they do not foreclose the right of individuals or couples to control their reproductive lives. The key to implementing this ethical alternative on a policy level, however, is to ensure that women have the knowledge, the means, and the access to a safe and timely removal of the long-acting method.

Experience with IUD and NORPLANT® use in a number of countries shows that it is easier to have a long-acting contraceptive inserted than to have it removed. Whether the difficulty stems from poor women's lack of funds to pay for removal, the unwillingness of physicians to do the removal, or their lack of training or skill in removal, simply ensuring that incentives are offered only for reversible methods may not go far enough in guaranteeing exercise of the reproductive right to control fertility. To sterilize women without their voluntary, informed consent violates that reproductive right, which stems from the respect for persons principle. To insert an IUD without a woman's voluntary, informed consent also violates her reproductive right, but to offer a woman an incentive does not violate her rights so long as she has the opportunity for safe removal of the device. Thus, the correct application of the respect for persons principle depends on a set of background circumstances as well as features of the individual case.

It would be a mistake to assume that because a right is stated in the law, it exists in reality.

Some types of incentives are ethically problematic for a different reason. For example, policies that deny educational and other benefits to children born in excess of the state-mandated number of children a couple may have penalize the children for their parents' decisions and actions. It would be ethically better to deny privileges to the parents themselves, even though that, too, might be an ethically unacceptable penalty.

From an ethical perspective, it is not sufficient for population programmes to adhere to the respect for persons principle. It is also necessary to ensure equal respect for persons, which means applying policies and practices equitably to men and women. This is the ethical principle of "justice." Almost all programmes that have sought to impose quotas of one sort or another have been implemented in a manner that viewed women as "targets" of population control. Whether implementation takes the form of requiring IUD insertion or sterilization, it is women who have been singled out as the "targets" of the goal.

The conclusion is inescapable that by focusing attention on reproductive health rather than on attaining targets, future efforts to reduce population growth would be ethically superior to ongoing and past programmes. Not only do programmatic concerns for reproductive health comply with the principles of beneficence and respect for persons, but they are also likely to pay off in improved fertility reduction. Providing women and couples with a choice of contraceptive methods is important for maximizing physical and psychological health and for respecting the value of reproductive freedom. Women are more likely to adhere to contraceptive methods they choose than to those imposed on them by government policies inattentive to the needs of individual family planning users.

UNFPA/Lily Solmssen

When is an individual's response to incentives or disincentives voluntary, and when is it coerced?

An offer she can't refuse? Woman receives money after surgical sterilization.

Educating Girls

A new report from the Washington, D.C.-based Population Action International (PAI) identifies 50 countries in which girls have "significantly" fewer educational opportunities than boys. In these countries—all but five of which are in Africa, South Asia, and the Middle East—76 million fewer girls than boys are enrolled in primary and secondary school. The report, released last month, supports "other research showing that each additional year of schooling for women is associated with a decline in child deaths of between 5 per cent and 10 per cent; only family planning has a greater impact on family size," according to a statement from PAI. By the report's estimate, closing the "gender gap" will cost at least US$ 6.5 billion more than these countries spent on education in 1990. The group's statement cautions: "In many countries, however, closing the gender gap would still leave enrollment for both boys and girls at very low levels; providing universal primary and secondary school education would cost far more." For more information about the report, *Closing the Gender Gap: Educating Girls*, contact: Population Action International, 1120 19th Street, N.W., Washington, D.C. 20036, USA. Telephone: (202) 659-1833.

Management Courses

Management Sciences for Health, a private training institution, is offering the following courses at its Boston, USA headquarters: "Programme Management: The Latest Skills and Technology for Effective Leadership" (9 May-3 June, English; 19 September-14 October, French), "Executive Course in Health Financing and Sustainability" (13 June-1 July), and "Planning and Directing Management Information Systems" (11 July-29 July). MSH is also offering regional courses in Africa ("Promoting Rational Drug Use", "Financing Options and Cost Control", "Managing Decentralized Health Systems"), Asia ("Facing the Global Challenges of Urban Health", "Managing Successful Training Programmes"), and Latin America ("Managing Decentralized Health Systems"). For more information, including tuition costs, contact: Management Training, Management Sciences for Health, 165 Allandale Road, Boston, MA 02130-3457, USA. Telephone: (617) 527-9202. Fax: (617) 965-2208.

Conclusions, For Now

Findings From Two Decades of Family Planning Research, published by the New York-based Population Council, sets out to provide "an interesting and informative collection of empirical conclusions based on 20 years of family planning research." Among the findings: Over the past 25-30 years, contraceptive use has risen from about 10 per cent to about half of all couples in the developing world. Fertility rates are lower where contraceptive prevalence is higher. Increasing and improving the use of contraceptives takes effort, in the form of strong programmes, regardless of the socioeconomic setting. Most developing countries provide most contraceptive methods free of charge. The pill and condoms are most likely to carry charges; sterilization, least likely to carry a charge an ! most likely to come with a payment. "The most common type of payment to contraceptive adopters is a one-time cash award for sterilization or an IUD [intrauterine device], as compensation for costs associated with adoption (such as lost work time and travel)." Payments for sterilization "probably have a larger effect on the acceptance rates of men than of women." Incentive schemes also include those which "focus on communities. Designs vary, but the community typically receive rewards for attaining certain levels of contraceptive prevalence. Some rewards are a 'public good,' such as installation of a tube well. Other rewards may be passed on to individual contraceptors within the community." And "women highly motivated to control their fertility tend to use both contraception and abortion." The book is priced at US$12.00, although individual copies are available free of charge to population professionals in developing countries. For more information, contact: The Population Council, One Dag Hammarskjold Plaza, New York, NY 10017, USA. Telephone: (212) 339-0500. Fax: (212) 755-6052.

Conference Newsletter

ICPD 94, the official newsletter of the 1994 International Conference on Population and Development, now appears every month in English, French, and Spanish. It sets out to update readers on preparations for the decennial conference scheduled for September 1994 in Cairo, Egypt. For more information, contact: ICPD 94, ICPD Secretariat, c/o UNFPA, 220 East 42nd Street, 22nd floor, New York, NY 10017, USA. Telephone: (212) 297-5244/5245. Fax: (212) 297-5250. Telex: 7607883.

DICTIONARY

Zero and Negative Population Growth

Zero population growth occurs when a population is in equilibrium, with a growth rate of zero, achieved when births plus immigration equal deaths plus emigration.

Negative population growth occurs when deaths plus emigration exceed births plus immigration, and population diminishes.

Both phenomena have their advocates. Those in favour of zero population growth favour economic and social policies and immigration regulations that restrict population growth, limit migration, and, with the advent of environmentalism, control consumption and waste. Those favouring negative population growth advocate policies, including a broad array of immigration measures, that would bring about a reduction in population size.

(**Sources**: Population Reference Bureau, *Population Handbook*, 3rd International Edition, 1991; Negative Population Growth, Inc.; Zero Population Growth, Inc.)

Estrogen pollution

A 1992 Danish study in the *British Medical Journal* reported a 50 per cent decline in the quantity of sperm in human semen in 20 different countries. This dramatic spread of sub-fertility might be due to the "sea of estrogens" bathing the 20th century environment, according to Niels Shakkebaek, an endocrinologist at the University of Copenhagen. Chemicals such as the pesticides kepone and methoxychlor, PCBs, and some components of plastics resemble the effects of estrogen, the female sex hormone. Exposure to this load of environmental estrogens could have serious consequences for human reproduction and sex traits. In the United States, one-fifth of all pregnancies end in spontaneous abortion, 15 per cent of all babies are born prematurely or underweight, and close to 14 per cent of all married couples in their childbearing years have trouble conceiving.

Treeless Paper

In 1992, 45 countries produced "treeless paper," which accounted for nine per cent of the world's paper supply. Hemp, bamboo, and jute are some alternatives to wood pulp. The fast-growing kenaf plant produces two to four times more pulp per hectare than southern pine. In China, more than 80 per cent of all paper pulp is made from treeless paper. Global paper demand is projected to double by 2010, due in part to rising literacy, advertising, and—perhaps surprisingly—office automation. Since 1955, world consumption of printing and writing paper has increased sevenfold and in 1992, the world had more than 19 million photocopiers. In 1991, the world economy used 3.4 billion cubic meters of wood.

Medium Rare

The full value of a hamburger produced on pasture cleared from rain forests is about $200, according to an exploratory study conducted at New York University's School of Business. Estimates by the Centre for Science and the Environment in New Delhi price a mature forest tree in India at $50,000.

The Hot War

Tropical deforestation releases the greenhouse gases carbon dioxide, methane, and nitrous oxide and accounts for 25 per cent of the net warming effect of all greenhouse gas emissions. Replacing the carbon storage function of all tropical forests would cost an estimated $3.7 trillion—or the gross national product of Japan.

Car Wars

Car ownership expanded from one automobile for every 46 people in 1950 to one car for every 12 in 1990. The ratio of people to cars varies: In Nigeria, it is 150 people to one car; in India, 360 people to one car, and in the United States, two people to one car. Europeans are taxed US$1.00-2.50 per gallon of petrol; federal tax in the US is US$0.18 per gallon.

Sources: Data from: Centre for Science and Environment, New Delhi; European Federation for Transport and Environment; International Institute for Strategic Studies; Motor Vehicle Manufacturers Association of the United States, Inc.; New York University School of Business; Stockholm International Peace Research Institute; United Nations Department for Disarmament Affairs; US National Research Council; Worldwatch Institute, cited in Lester Brown et al., *State of the World 1994*, W.W. Norton, 1994.

[*This month's Notebook was compiled by Eileen Travers.*]

UNFPA
United Nations
Population Fund
220 East 42nd Street
New York, N.Y. 10017
USA

First Class
U.S. Postage
PAID
New York, N.Y.
Permit No. 6874